

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

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AHARON MILLER, *et al.*

Plaintiffs,

-against-

ARAB BANK, PLC,

Defendant.

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Case No. 18-cv-2192 (RPK)(PK)

**NOTICE OF MOTION**

PLEASE TAKE NOTICE that upon the accompanying Motion To Substitute Mark I. Sololow as Executor of the Estate of Rhoda Sokolow in place of Rhoda Sokolow as Party Plaintiff, the undersigned will move this Court before the Honorable Rachel P. Kovner, United States District Judge, in the United States Court House, 225 Cadman Plaza East, Brooklyn, New York 11201, on such date and at such time as the Court sets, for an order of Substitution of Party Plaintiff in the above captioned case.

Dated: August 18, 2021

Respectfully submitted,

By: /s/ Steven M. Steingard

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*Attorneys for Miller Plaintiffs*

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

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AHARON MILLER, *et al.*

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Case No. 18-cv-2192 (RPK)(PK)

**MOTION TO SUBSTITUTE MARK I. SOLOLOW, AS EXECUTOR  
OF THE ESTATE OF RHODA SOKOLOW  
IN PLACE OF RHODA SOKOLOW AS PARTY PLAINTIFF**

The undersigned, pursuant to Federal Rule of Civil Procedure 25(a), files this Motion for Substitution of Party Plaintiff and respectfully requests this Court enter an order substituting Mark I. Sokolow, as Executor of the Estate of Rhoda Sokolow, in place of Rhoda Sokolow together with any further relief this Court deems just and proper. In support thereof, the undersigned states as follows:

On July 5, 2018, pursuant to an Amended Complaint filed in this matter, Plaintiff Rhoda Sokolow, with her son Mark I. Sokolow representing her as attorney-in-fact, asserted claims against Defendant Arab Bank for aiding and abetting Foreign Terrorist Organizations in violation of 18 U.S.C. § 2333(d); providing material support to terrorists in violation of 18 U.S.C. § 2339A and 18 U.S.C. § 2333(a); and committing acts of international terrorism in violation of 18 U.S.C. § 2339B(a)(1) and 18 U.S.C. § 2333(a). Plaintiff Rhoda Sokolow passed away on October 25, 2019. A Notice of Suggestion of Death, attached as Ex. “A,” has been filed and served upon Defendant simultaneously with this motion; *see also* Death Certificate of Rhoda Sokolow, attached as Ex. “B.” Mark I. Sokolow has been appointed Executor of her estate. *See* Certificate of

Appointment of Executor, attached as Ex. “C.” Mr. Sokolow is thus the proper party to be substituted for the deceased because he is the individual with the right under New York law to pursue this action. *See Garcia v. City of New York*, 2009 WL 261365, at \*1 (E.D.N.Y. 2009) (either a “representative of the deceased party’s estate” or a “successor of the deceased party” may be substituted for a plaintiff who has passed away). Plaintiffs accordingly request that Mark I. Sokolow, as Executor of the Estate of Rhoda Sokolow, be substituted for Rhoda Sokolow as a Plaintiff in this matter.

WHEREFORE, Plaintiffs request that this Court enter an Order substituting Mark I. Sokolow, as Executor of the Estate of Rhoda Sokolow, in place of Rhoda Sokolow. The proposed Order for the requested relief is attached as Ex. “D.”

Dated: August 18, 2021

Respectfully submitted,

By: /s/ Steven M. Steingard  
KOHN, SWIFT & GRAF, P.C.  
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*Attorneys for Miller Plaintiffs*

# EXHIBIT A

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

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AHARON MILLER, *et al.*

Plaintiffs,

-against-

ARAB BANK, PLC,

Defendant.

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Case No. 18-cv-2192 (RPK)(PK)

**NOTICE OF SUGGESTION OF DEATH**

The undersigned, pursuant to Federal Rule of Civil Procedure 25(a), files this Notice of Suggestion of Death regarding the death of Plaintiff Rhoda Sokolow, which occurred on October 25, 2019. Simultaneously with the filing of this Notice a motion has been filed to substitute and appoint as Plaintiff Mark I. Sokolow, as Executor of the Estate of Rhoda Sokolow.

Dated: August 18, 2021

Respectfully submitted,

By: /s/ Steven M. Steingard

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*Attorneys for Miller Plaintiffs*



# **EXHIBIT B**



## VITAL RECORDS CERTIFICATE

## DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEW YORK CITY  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE  
Oct 25, 2019 04:15 PM

## CERTIFICATE OF DEATH

Certificate No. 156-19-043669

1. DECEDENT'S  
LEGAL NAME RHODA SOKOLOW  
(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	2a. New York City	2c. Type of Place	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Any Hospice care in last 30 days	2e. Name of hospital or other facility (if not facility, street address)
	2b. Borough Queens	1 <input checked="" type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input checked="" type="checkbox"/> Unknown	St. John's Episcopal Hospital
PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)	Date and Time of Death	3a. (Month) (Day) (Year-yyyy)	3b. Time	4. Sex	5. Date last attended by a Physician
		October 25 2019	7:47 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Female	mm dd yyyy 10 25 2019
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.					
Name of Physician ERIC MBEDI (Type or Print)			Signature <i>Eric Mbedi</i>		D.O. M.D.
Address 327 Beach 19th St Far Rockaway, NY 11691			License No. 210407		Signature Electronically Authenticated Date OCT-25-2019
7a. Usual Residence State	7b. County	7c. City or Town	7d. Street and Number	Apt. No.	ZIP Code
New York	Nassau	Lawrence	2 Herrick Dr	Apt 2E	11559
8. Date of Birth (Month) (Day) (Year-yyyy)	9. Age at last birthday (years)	Under 1 Year		Under 1 Day	
February 02 1936	1 83	Months ***	Days ***	Hours ***	Minutes ***
10. Social Security No.		051-30-8011			
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired")		11b. Kind of business or industry		12. Aliases or AKAs	
Home Maker		Own Home		*** **	
13. Birthplace (City & State or Foreign Country)		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)			
New York, NY		1 <input type="checkbox"/> 8th grade or less; none 4 <input type="checkbox"/> Some college credit, but no degree 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 2 <input type="checkbox"/> 9th – 12th grade; no diploma 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or 3 <input type="checkbox"/> High school graduate or GED 6 <input checked="" type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) Professional degree (e.g., MD, DDS, DVM, LLB, JD)			
15. Ever in U.S. Armed Forces?		16. Marital/Partnership Status at time of death		17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last)	
1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		1 <input checked="" type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify		Herbert Richtman	
18. Father's Name (First, Middle, Last)		19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)			
Aaron Seif		Alice Septimus			
20a. Informant's Name		20b. Relationship to Decedent		20c. Address (Street and Number) Apt. No. City & State ZIP Code)	
Mark Sokolow		Son		624 Oakland Ave Cedarhurst, NY 11516	
21a. Method of Disposition		21b. Place of Disposition (Name of cemetery, crematory, other place)			
1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify		Beth David Cemetery			
21c. Location of Disposition (City & State or Foreign Country)		21d. Date of Disposition mm dd yyyy			
Elmont, NY		10 27 2019			
22a. Funeral Establishment		22b. Address (Street and Number) City & State ZIP Code)			
Boulevard-Riverside Chapels(Hewlett)		1450 Broadway Hewlett, NY 11557			

No Correction History.\*\*\*

VR 15 (Rev. 01/09)

EVT201910496316

Gretchen Van Wye  
Gretchen Van Wye, Ph.D., City Registrar as of 9/1/18

October 26, 2019

Steven P. Schwartz  
Steven P. Schwartz, Ph.D., City Registrar

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.



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# EXHIBIT C

## Surrogate's Court of the County of Nassau

On the Date Written Below LETTERS TESTAMENTARY were granted by the Surrogate's Court of Nassau County, New York as follows:

Name of Decedent: **Rhoda Sokolow**  
AKA **Rhoda Richtman**  
Domicile: **Nassau County**  
Type of Letters Issued: **LETTERS TESTAMENTARY**  
Fiduciary Appointed: **Mark I Sokolow**  
624 Oakland Avenue  
Cedarhurst NY 11516

File #: 2019-4347/A  
Date of Death: 10-25-2019

THESE LETTERS, granted pursuant to a decree entered by the court, authorize and empower the above-named fiduciary or fiduciaries to perform all acts requisite to the proper administration and disposition of the estate/trust of the Decedent in accordance with the decree and the laws of New York State, subject to the limitations and restrictions, if any, as set forth above.

Dated: May 25, 2021

IN TESTIMONY WHEREOF, the seal of the Nassau County Surrogate's Court has been affixed.

WITNESS, Hon Margaret C. Reilly, Judge of the Nassau County Surrogate's Court



Debra Keller Leimbach, Chief Clerk

*These Letters are Not Valid Without the Raised Seal of the Nassau County Surrogate's Court*

NOTICE: Attention is called to the provision of Sec. 11-1.6 of Estates, Powers and Trusts law and Sec. 719 of the Surrogate's Court Procedure Act, which makes it a misdemeanor and a cause for removal for a fiduciary to deposit or invest estate funds in his individual account or name. All funds must be deposited in the name of fiduciary and to the credit of the estate. Sec 708 and Sec 711 of the Surrogate's Court Procedure Act provide that if the address of the fiduciary changes they shall promptly notify the court of the new address and that failure to do so within thirty (30) days after such such change may result in the suspension or revocation of letters.



FACE OF DOCUMENT CONTAINS A MULTICOLORED VOID PANTOGRAPH AND MICROPRINT BORDER. THIS DOCUMENT ALSO HAS INVISIBLE FLUORESCENT FIBERS, ARTIFICIAL WATERMARK ON BACK, AND A CHEMICAL REACTIVE VOID FEATURE.

C20 (Rev. 1/07)

Certificate# 291720

# Surrogate's Court of the State of New York Nassau County

File#: 2019-4347/A

## Certificate of Appointment of Executor

IT IS HEREBY CERTIFIED that Letters for the Estate of the Decedent named below have been granted by this Court, and such Letters are unrevoked, are valid and are in full force as of this date.

**Name of Decedent:** Rhoda Sokolow  
aka Rhoda Richtman

**Date of Death:** October 25, 2019

**Domicile:** Nassau County

**Fiduciary Appointed:** Mark I Sokolow  
624 Oakland Avenue  
Cedarhurst NY 11516

**Letters Issued:** LETTERS TESTAMENTARY

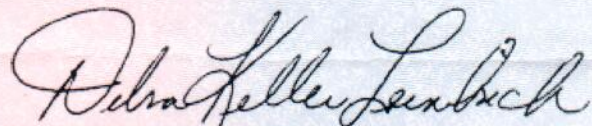
**Letters Issued On:** May 25, 2021

and such Letters are unrevoked and in full force as of this date.

**Dated:** May 25, 2021  
Mineola, New York

IN TESTIMONY WHEREOF, the seal of the Nassau County Surrogate's Court has been affixed.

WITNESS, Honorable Margaret C. Reilly, Judge of the Nassau County Surrogate's Court.



Debra Keller Leimbach, Chief Clerk  
Nassau County Surrogate's Court

*This Certificate is Not Valid Without the Raised Seal of the Nassau County Surrogate's Court and expires 6 months from the issue date of this certificate, unless otherwise stated above.*

# EXHIBIT D



UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

_____ AHARON MILLER, <i>et al.</i>	:	
	:	Case No. 18-cv-2192 (RPK)(PK)
Plaintiffs,	:	
	:	
-against-	:	
	:	
ARAB BANK, PLC,	:	
	:	
Defendant.	:	
_____	:	

**PROPOSED ORDER**

Plaintiffs' Motion for Substitution of Party Plaintiff (ECF No. ) is GRANTED.

Mark I. Sokolow, as Executor of the Estate of Rhoda Sokolow, is hereby substituted in place of Plaintiff Rhoda Sokolow.

Accordingly, the Plaintiffs' caption shall be amended as follows: "Mark I. Sokolow, as Executor of the Estate of Rhoda Sokolow."

DONE and ORDERED in Chambers at Brooklyn, New York this \_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Rachel P. Kovner  
United States District Judge

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

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AHARON MILLER, <i>et al.</i>	:	
	:	Case No. 18-cv-2192 (RPK)(PK)
Plaintiffs,	:	
	:	
-against-	:	
	:	
ARAB BANK, PLC,	:	
	:	
Defendant.	:	

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**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the foregoing was filed with the Clerk of the Court using the CM/ECF system on August 18, 2021, and the foregoing document will be served this day on all counsel or parties of record.

By: /s/ Steven M. Steingard  
Steven M. Steingard